

# Request for Duplicate License

(Form AL-D)

This form is used to request any duplicate license(s). There is a \$5.00 fee for each license requested. **NOTE: Duplicate licenses may also be requested online at [www.aldoi.gov](http://www.aldoi.gov)**

Please include with this request a **self addressed stamped envelope** large enough to accommodate the number of duplicate licenses requested. If a self addressed stamped envelope is not included, the duplicate license(s) will be mailed to the licensee's mailing address currently on file.

**PLEASE PRINT OR TYPE: (ALL INFORMATION IS REQUIRED)**

Licensee's Full Name: \_\_\_\_\_

National Producer # or FEIN: \_\_\_\_\_ License #: A \_\_\_\_\_

Number of Duplicate Licenses Requested: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Date of Request: \_\_\_\_\_

Make checks payable to: **COMMISSIONER OF INSURANCE, STATE OF ALABAMA**

Mail this request to: **ALABAMA DEPT OF INSURANCE  
PRODUCER LICENSING DIVISION  
P O BOX 303351  
MONTGOMERY, AL 36130-3351**